

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 504605 (7)
1. Corporation Name
LIZA GOLD CORP.

Principal Place of Business
9 EAST 20TH ST.
HALEAH FL 33010

Mailing Address
% IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DR., SUITE 507
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/04/1976 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1683297 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DR. SUITE 507 MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| | | | |
|----------------------------|---------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTRADA, LUIS | 1.2 NAME | |
| STREET ADDRESS | 5875 W. 3RD LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALEAH FL 33012 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTADA, LUIS JR. | 2.2 NAME | |
| STREET ADDRESS | 16820 N.W. 79TH PL. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALEAH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, ROSA | 3.2 NAME | |
| STREET ADDRESS | 5875 W. 3RD LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALEAH FL 33012 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTRADA, LINA | 4.2 NAME | |
| STREET ADDRESS | 5875 W. 3RD LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALEAH FL 33012 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address...

SIGNATURE: _____ (305) 371-9213

CR2E034 (10/97)